

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
 LAST NAME NAM FIRST NAME MIDDLE NAME

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SIGNATURE OF PERSON FINGERPRINTED		O R I		SERIAL NO. (DOD USE ONLY) <u>OCA</u>	
RESIDENCE OF PERSON FINGERPRINTED		S O N	S O I	IPAC	MISCELLANEOUS NO. <u>MNU</u>
DATE		ALIASES <u>AKA</u>		SEX	HGT.
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS				WGT.	EYES
TITLE AND ADDRESS		SCARS, MARKS, AND TATTOOS		RACE (SELECT ONE OR MORE)	
POSITION TO WHICH APPOINTED		FBI NO. <u>E</u> B		<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO. <u>SQC</u>		PLACE OF BIRTH <u>POB</u> DATE OF BIRTH <u>DOB</u> MONTH DAY YEAR CLASS REF.	

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

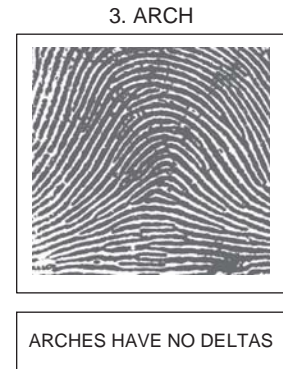
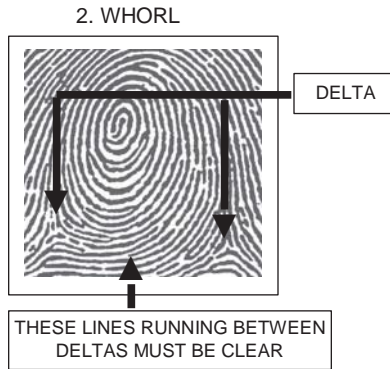
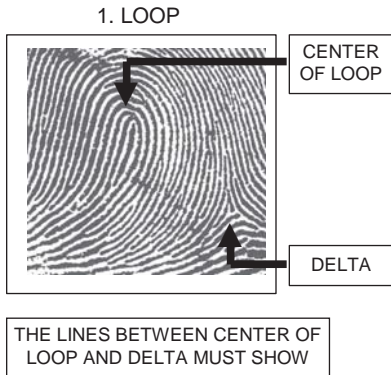
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

INSTRUCTIONS FOR OBTAINING CLASSIFIABLE FINGERPRINTS ON STANDARD FORM 87, FINGERPRINT CHART

1. USE PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THE FOLLOWING; MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN BELOW:

- (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)
- (A) A DELTA (Δ) IS THE POINT AT WHICH THE LINES FORMING THE LOOP OR WHORL PATTERN SPREAD AND BEGIN GOING IN DIFFERENT DIRECTIONS. ALL LOOP PRINTS HAVE ONE DELTA. WHORL PRINTS HAVE TWO.
 - (B) LOOP PRINTS CANNOT BE CLASSIFIED UNLESS THE CENTER OF THE LOOP AND DELTA, AND THE LINES BETWEEN THEM, ARE CLEAR.
 - (C) WHORL PRINTS CANNOT BE CLASSIFIED UNLESS THE TWO DELTAS, AND THE LINES CONNECTING THE DELTAS, ARE CLEAR.
 - (D) ARCH FINGERPRINTS CAN BE CLASSIFIED IF A SUFFICIENTLY CLEAR IMPRESSION IS OBTAINED TO PERMIT IDENTIFICATION OF THE PATTERN AS BEING AN ARCH.
 9. IF, UPON EXAMINATION, IT APPEARS THAT ANY OF THE IMPRESSIONS CANNOT BE CLASSIFIED, NEW PRINTS SHOULD BE MADE. IF NOT MORE THAN THREE IMPRESSIONS ARE UNCLASSIFIABLE, NEW PRINTS OF THESE FINGERS MAY BE TAKEN AND PASTED OVER THE DEFECTIVE ONES. IF MORE THAN THREE ARE UNCLASSIFIABLE MAKE A NEW CHART.



PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the DoD is requesting the information on this form.

Authority: The Defense Counterintelligence and Security Agency (DCSA) is authorized to collect the information requested on this form, including your Social Security number, pursuant to Section 925 of Public Law 115-91; Executive Orders 8781, and 9397 as amended, and Executive Order 13467 as amended by Executive Order 13869.

Purpose: DCSA is requesting this information in connection with your background investigation and will use it to search the Federal Bureau of Investigation's fingerprint files in connection with investigating and determining your initial or continued: eligibility for access to classified national security information or assignment to positions with sensitive duties, enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. This information may also be used for searches of other law enforcement agencies' fingerprint files for the same purpose.

Routine Uses: The information on this form will be shared with the Federal Bureau of Investigation, and may be shared by DCSA as a routine use with other government agencies, and commercial entities as part of a background investigation conducted to verify your identity, for any of the purposes described in the "PURPOSE" section above; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System, "DUSDI 02-DoD", at <https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records>. You may also wish to refer to the FBI's Privacy Act Statement here: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

Consequences of Failure to Provide Information: Disclosure is voluntary. However, failure to provide the requested information may delay or prevent a determination regarding qualifications, suitability, eligibility or fitness.

PUBLIC BURDEN STATEMENT

We estimate the Public Burden for this collection of information is approximately five minutes per response. This includes time for reviewing the instructions, completing the form, and the actual fingerprinting. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.



SF 87 (REV. FEBRUARY 2021)
NSN 7540-00-634-4037
ALL OTHER PREVIOUS EDITIONS UNUSABLE

FORM APPROVED
★ OMB NO. 0705-0002

